

Fig 1

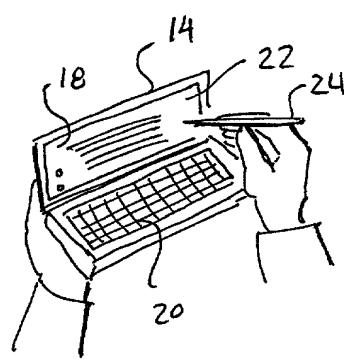


Fig 2

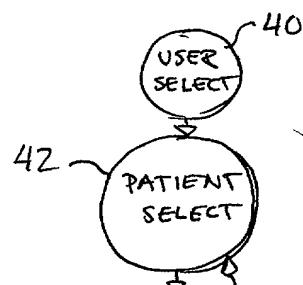


Fig 3

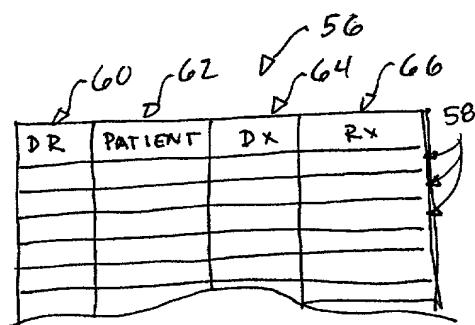
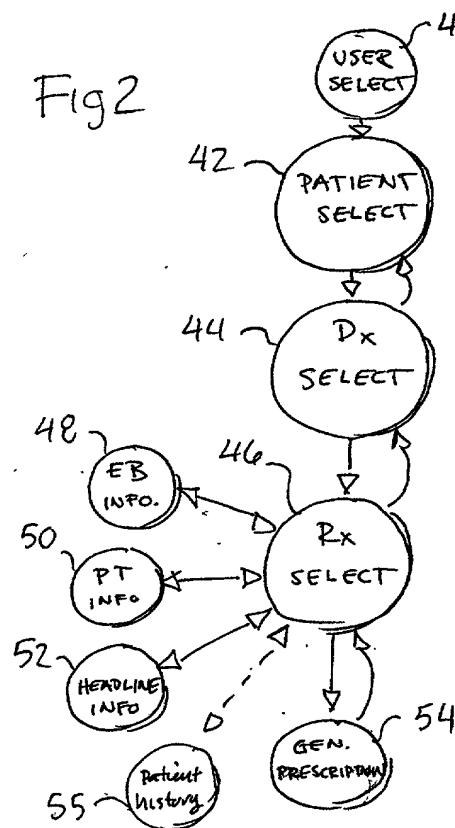


Fig 4



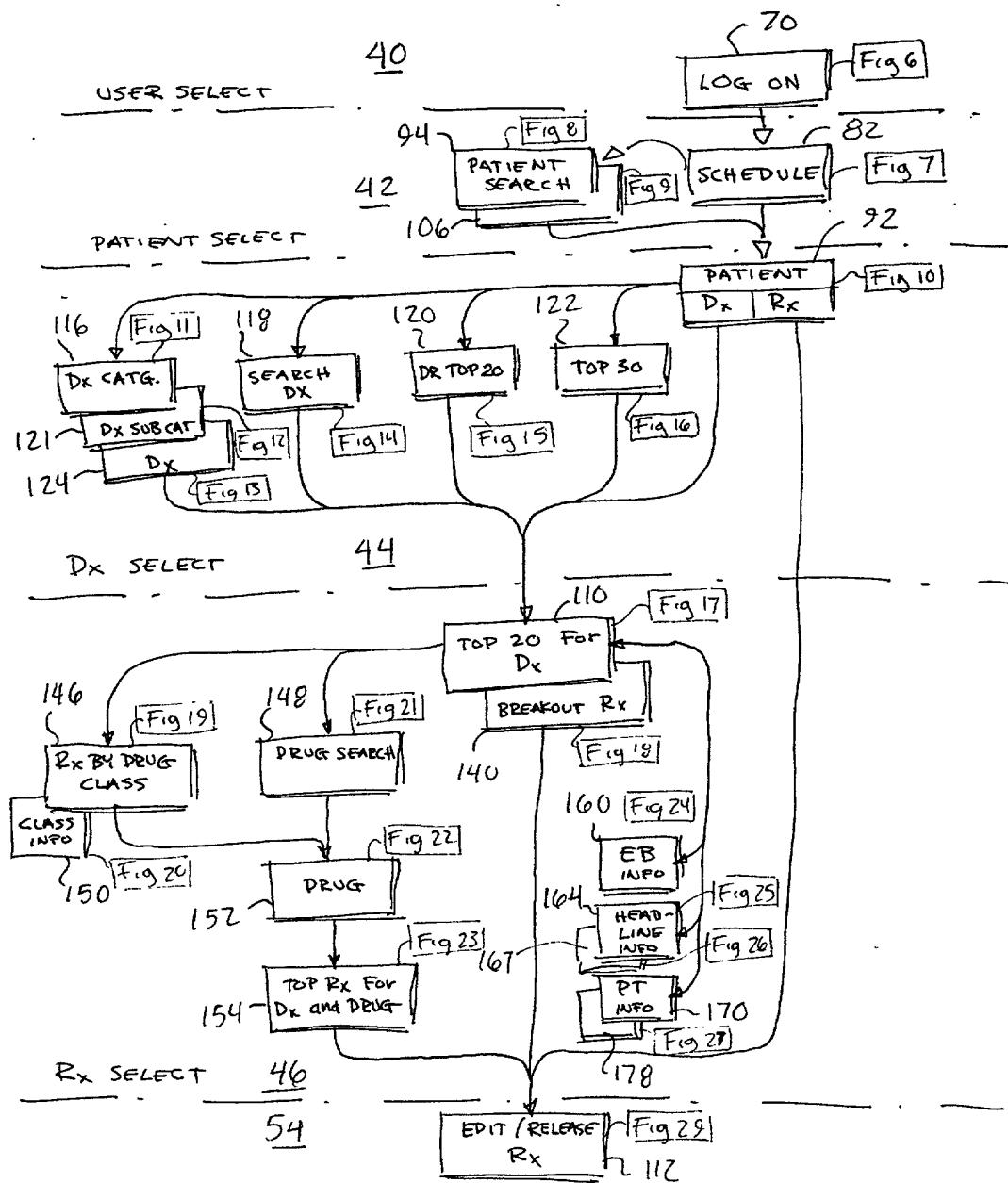


Fig. 5

70 ↗

**Prescribing User Logon - Welby Medical -**

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72 Facility: Welby Medical Group ▾  
 User ID: MARCUS WELBY  
 Passwd:

78 Location: Southwest Clinic ▾  
 Logon

76 80 74

Fig 6

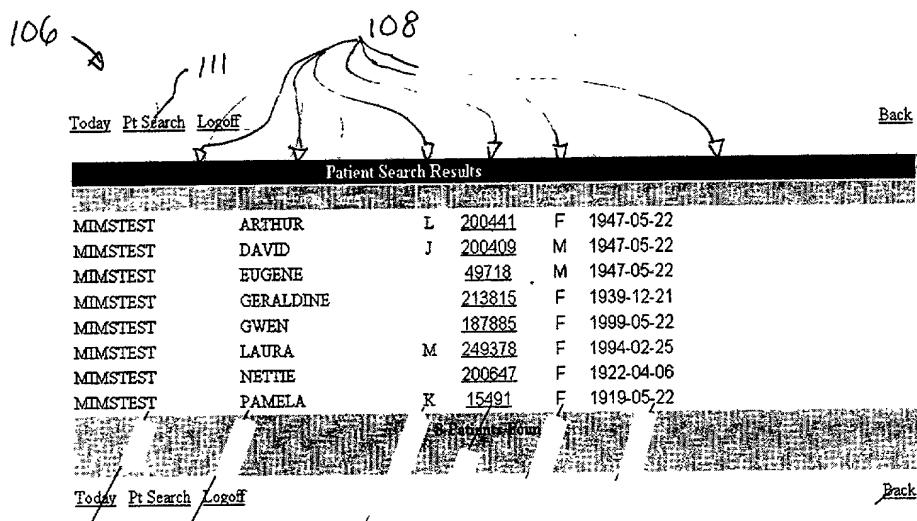
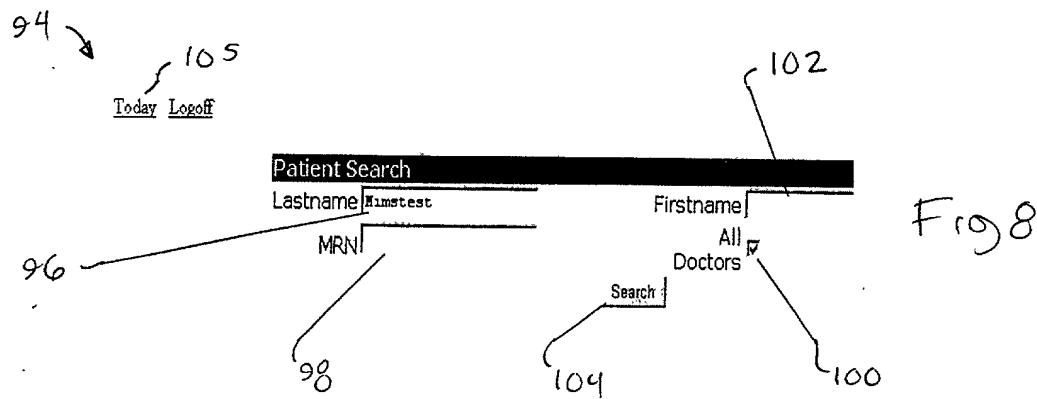
82 ↗ 88 93 90

**Select Patient - 10 Patients found for today**

09:00	WELLINX, DAVID	13:00	MILLER, ELLEN
09:30	ADAMS, LORRAINE	13:30	JOHNSON, SHARON
10:00	SMITH, PATRICIA	14:00	LEE, KEVIN
10:30	DAVIS, ROGER	15:00	ANDERSON, JAMES
11:00	OLSON, MICHAEL	15:30	JEFFERSON, SCOTT

86 84

Fig 7



92

113

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Today Pt Search Logoff    Done    Add Dx:Category/Search/My 20/Top 30 Cancel

**Diagnosis for DAVID WELLINX**

Edit 705.1 ACNE, OTHER (VULGARIS)    TETRACYCLINE 500MG  
TABLET  
Edit 401.1 BENIGN ESSENTIAL HYPERTENSION (HTN)    +HYDROCHLOROTHIAZIDE  
Edit 477.8 ALLERGIC RHINITIS, CAUSE UNSPECIFIED    25MG TABLET

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Fig 10

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**Diagnosis Categories**

<u>Abnormal Test Results</u>	<u>Infectious Diseases</u>	<u>Skeletal: Axial</u>
<u>Blood Vessels, Edema, Lymph</u>	<u>Kidney/Nephrology</u>	<u>Skeletal: Leg</u>
<u>Congenital</u>	<u>Lungs Allergy &amp; Sleep</u>	<u>Skeletal: Musculoskeletal</u>
<u>Diabetes</u>	<u>Miscellaneous</u>	<u>Skin</u>
<u>E-Codes (secondary diagnosis only)</u>	<u>Mouth</u>	<u>Syndromes</u>
<u>Ear Nose Throat Mouth</u>	<u>Neurology</u>	<u>Trauma</u>
<u>Endocrine/Metabolic</u>	<u>OB/GYN &amp; Fetus/Newborn</u>	<u>Urology</u>
<u>Eyes</u>	<u>Other V Codes</u>	<u>V Codes: Top 15 (IM)</u>
<u>Gastrointestinal</u>	<u>Pediatrics</u>	<u>VCodes:Personal Hx of Dz</u>
<u>Heart</u>	<u>Psychiatry</u>	
<u>Hematology Oncology</u>	<u>Skeletal: Arm</u>	

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Fig 11

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**Diagnosis SubCategories: Neurology**

<a href="#">Epilepsy &amp; Seizures</a>	<a href="#">Movement &amp; Tremors</a>
<a href="#">Headache</a>	<a href="#">Nerve Diseases</a>
<a href="#">Infection</a>	<a href="#">Other Neurology</a>
<a href="#">Mentalstatus</a>	<a href="#">Symptoms and Vagueness</a>

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Fig 12

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-----------------------	---------------------------	------------------------	----------------------	------------------------

**Diagnosis Description: Neurology : Headache**

<a href="#">346.00</a>	<a href="#">CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE</a>
<a href="#">346.01</a>	<a href="#">CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED</a>
<a href="#">346.10</a>	<a href="#">COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE</a>
<a href="#">346.11</a>	<a href="#">COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED</a>
<a href="#">346.80</a>	<a href="#">MIGRAINE NEC/NOT INTRCBL</a>
<a href="#">346.91</a>	<a href="#">MIGRAINE, UNSPECIFIED, W/INTRACTABLE MIGRAINE</a>
<a href="#">346.90</a>	<a href="#">MIGRAINE, UNSPECIFIED,W/C MENTION OF RETRACTABLE MIGRAINE</a>
<a href="#">346.81</a>	<a href="#">OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED</a>
<a href="#">310.2</a>	<a href="#">POSTCONCUSSION SYNDROME</a>
<a href="#">625.4</a>	<a href="#">PREMENSTRUAL TENSION SYNDROMES (PMS)(MENSTRUAL MIGRAINE)</a>
<a href="#">349.0</a>	<a href="#">REACTION TO SPINAL OR LUMBAR PUNCTURE (POST-SPINAL TAP HEADACHE)</a>
<a href="#">307.81</a>	<a href="#">TENSION HEADACHE</a>
<a href="#">047.9</a>	<a href="#">UNSPECIFIED VIRAL MENINGITIS</a>
<a href="#">346.21</a>	<a href="#">VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED (CLUSTER HEADACHE)</a>
<a href="#">346.20</a>	<a href="#">VARIANTS OF MIGRAINE-NOT INTRACTABLE (CLUSTER HEADACHE)</a>

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Fig 13

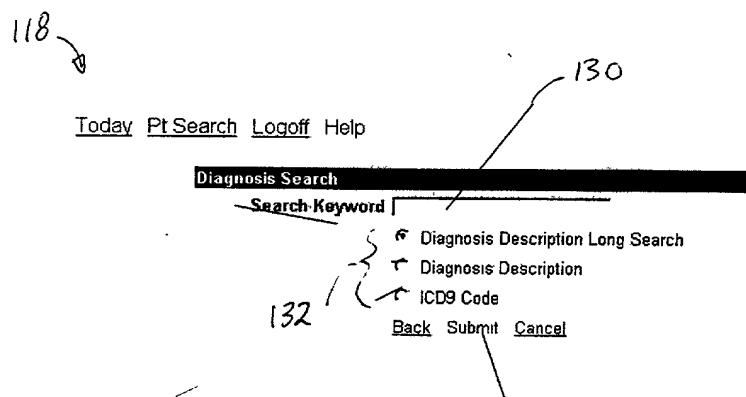


Fig 14

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Today Pt Search Logoff

Doctor Top 20 Diagnoses

HTN UNSPEC	KNEE PAIN	CRAMPS IN LIMB
FLU VACCINE	PNEUMOVAX/PREVNAR VACC.	POSTMENOPAUS HORMONE RX
LAB EXAM	INSOMNIA NOS	ROUTINE MEDICAL EXAM
LIPOID METABOL DISORD NOS	DIARRHEA	SCREEN FOR PROSTATE CA
LONG TERM USE OF HI RISK RX	CVA	SHOULDER PAIN
LONG TERM USE OF ANTICOAG	SKIN LESION BENIGN NOS	SCREEN FOR RECTAL CA
OBESITY MORDIB	IRRITABLE BOWEL SYNDROME	

Back Search Cancel

Fig 15

Fig 16

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Back</u>	<u>Search</u>	<u>Cancel</u>
<b>Top 30 Diagnoses</b>					
<u>A Fib</u>	<u>Depression</u>	<u>Low Back Pain</u>			
<u>Allergic Rhinitis Unspec</u>	<u>Diabetes</u>	<u>Malaise Fatigue</u>			
<u>Anemia</u>	<u>Dizziness</u>	<u>Neck pain</u>			
<u>Anxiety</u>	<u>DJD UNS</u>	<u>Otitis Media acute</u>			
<u>Asthma Extrinsic w/o Sa</u>	<u>Edema</u>	<u>Pharyngitis acute</u>			
<u>BPH</u>	<u>GERD</u>	<u>Rash</u>			
<u>Bronchitis acute</u>	<u>Headache</u>	<u>Sinusitis Acute Unspec</u>			
<u>Chest Pain UNS</u>	<u>HTN Benign</u>	<u>Tobacco use</u>			
<u>CHF</u>	<u>Hyperlipidemia</u>	<u>URI</u>			
<u>COPD</u>	<u>Hypothyroid primary</u>	<u>UTI</u>			
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Back</u>	<u>Search</u>	<u>Cancel</u>

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Select Rx by Class</u>	<u>Search for other Drug</u>	<u>Cancel</u>
<b>Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)</b>					
Drug/Dosage Name	Price	SIG	Qty	Refills	PRN
<u>Diuretics and beta blockers are first line therapy</u>					
<u>Edit ENALAPRIL (Vasotec) 10MG TABLET</u>		1 QD	90	3	N
<u>Edit + HCTZ (HydroDuril) 25MG TABLET</u>		1 QD	30	11	N
<u>+ ATENOLOL (Tenormin)</u>					Drug Info
<u>+ CAPTOPRIL (Capoten)</u>					Drug Info
<u>Edit TRIAMTERENE/HCTZ 25/37.5MG TABLET</u>		1 QD	90	3	N
<u>Edit ENALAPRIL (Vasotec) 20MG TABLET</u>		1 QD	90	3	N
<u>Edit METOPROLOL SUCCINATE (Toprol XL)</u>		1 QD	30	11	N
<u>Edit + METOPROLOL 50MG TABLET</u>	10	1 BID	60	11	N
<u>Edit + LOPRESSOR 50MG TABLET</u>	10	1 BID	60	11	N
<u>Edit DILACOR XR 120MG CAPSULE SA</u>		1 QD	90	3	N
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Select Rx by Class</u>	<u>Search for other Drug</u>	<u>Cancel</u>

Fig 17

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[Today](#) [Pt Search](#) [Logoff](#)

Fig 18

[Select Rx by Class](#) [Search for other Drug](#) [Cancel](#)

Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)

	Drug/Dosage Name	Price	SIG	Qty	Refills	PRN	PT Info	EB Info
<b>Diuretics and beta blockers are first line therapy</b>								
<a href="#">Edit</a>	+ <a href="#">TENORMIN 50MG TABLET</a>	10	1 QD	30	11	N	<a href="#">Drug Info</a>	
<a href="#">Edit</a>	+ <a href="#">ATENOLOL 50MG TABLET</a>	10	1 QD	30	11	N	<a href="#">Drug Info</a>	
<a href="#">Edit</a>	<a href="#">ATENOLOL 100MG TABLET</a>		1 QD	90	3	N	<a href="#">Drug Info</a>	
<a href="#">Edit</a>	<a href="#">ATENOLOL 100MG TABLET</a>		1 QD	100	3	N	<a href="#">Drug Info</a>	
<a href="#">Edit</a>	<a href="#">ATENOLOL 100MG TABLET</a>		1 QD	30	11	N	<a href="#">Drug Info</a>	
<a href="#">Edit</a>	<a href="#">TENORMIN 100MG TABLET</a>		1 QD	90	3	N	<a href="#">Drug Info</a>	

[Today](#) [Pt Search](#) [Logoff](#)

[Select Rx by Class](#) [Search for other Drug](#) [Cancel](#)

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Drug Classes

Diagnosis 346.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

[EB Info](#)

<a href="#">Acetaminophen</a>	1	<a href="#">Class Info</a>
+ <a href="#">Analgesic adjuncts</a>	3	<a href="#">Class Info</a>
+ <a href="#">Beta Blockers</a>	5	<a href="#">Class Info</a>
<a href="#">Calcium Channel Blockers</a>	1	<a href="#">Class Info</a>
<a href="#">GI-Prokinetic</a>	1	<a href="#">Class Info</a>
<a href="#">Headache - ergots</a>	3	<a href="#">Class Info</a>
<a href="#">Headache - other</a>	8	
<a href="#">Headache - triptans</a>	5	<a href="#">Class Info</a>
+ <a href="#">NSAIDs</a>	22	<a href="#">Class Info</a>
<a href="#">Narcotics - Mid</a>	8	<a href="#">Class Info</a>
<a href="#">Salicylates</a>	2	<a href="#">Class Info</a>

[Today](#) [Pt Search](#) [Logoff](#)

[Cancel](#) [Search for Other Drug](#)

Fig 19

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Fig 20

**ANALGESIC MEDICATIONS**

**Highlights**

- Ultram 100mg = Tylenol 1000mg less effective than Ibuprofen 400mg [More info](#)
- Tramadol is less effective than Vicodin in acute pain [More info](#)
- Reasons to avoid Demerol [More info](#)

**Contents**

<a href="#">Treatment options</a>	<a href="#">Lower potency narcotics</a>
<a href="#">Acetaminophen</a>	<a href="#">Stronger narcotics</a>
<a href="#">Salicylates</a>	<a href="#">Adjunctive medications</a>
<a href="#">NSAIDs</a>	<a href="#">Websites</a>
<a href="#">NSAID COX 2 Inhibitor</a>	

**Treatment options** (refer to information presented in following sections for efficacy and dosing information)

**Mild Pain** - Acetaminophen, Salicylates, NSAIDs, Adjunctive Medications (selected situations such as neuropathic pain)

**Moderate Pain** - All of the above as well as weak opiate/opioid drugs (i.e. codeine, oxycodone)

**Severe Pain** - Strong Opiate/opioids (i.e. morphine, hydromorphone, levorphanol) +/- all of the above

- Chronic, continuous pain warrants use of scheduled administration times instead of prn dosing, and use of extended release analgesic preparations
- Immediate release (IR) dosage forms are appropriate for treatment of acute or episodic pain, or to improve analgesia during breakthrough pain
- NSAIDs in combination with opioids may be helpful for pain resulting from bone metastases.
- Corticosteroids (i.e. dexamethasone) may be helpful for situations involving nerve compression or increased intracranial pressure
- Antidepressants and anticonvulsants have been used in neuropathic pain

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Fig 21

[Today](#) [Pt Search](#) [Logoff](#)

**Drug Search**

Drugs

— G Brand or Generic (common meds only)  
— F Brand Name only (all meds)  
— C Drug Class

Back | Search | Cancel |

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Fig 22

[Today](#) [Pt Search](#) [Logoff](#)[Back](#) [Search for Other Drug](#) [Cancel](#)**Drug Names**

Diagnosis 346.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

<a href="#">CODEINE PHOSPHATE/APAP (Tylenol w/Cod)</a>	<a href="#">Drug Info</a>
<a href="#">HYDROCODONE/APAP (Vicodin)</a>	<a href="#">Drug Info</a>
<a href="#">PROPOXYPHENE (Darvon)</a>	<a href="#">Drug Info</a>
<a href="#">PROPOXYPHENE HCL/ACETAMINOPHEN (Darvocet)</a>	<a href="#">Drug Info</a>
<a href="#">PROPOXYPHENE HCL/ASA/CAFFEINE (Darvon Compd)</a>	<a href="#">Drug Info</a>
<a href="#">PROPOXYPHENE NAPSYLATE (Darvon N)</a>	<a href="#">Drug Info</a>
<a href="#">PROPOXYPHENE NAPSYLATE/APAP (Darvocet N)</a>	<a href="#">Drug Info</a>
<a href="#">TRAMADOL (Ultram)</a>	<a href="#">Drug Info</a>

[Today](#) [Pt Search](#) [Logoff](#)[Back](#) [Search for Other Drug](#) [Cancel](#)

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Fig 23

[Today](#) [Pt Search](#) [Logoff](#)[Back](#) [Search for Other Drug](#) [Cancel](#)**Drug Dosage**

Diagnosis 346.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

	Drug	Price	SIG	Qty	Refills	PRN	Info
Edit	<u>TYLENOL W/CODEINE ELIXIR</u>		5 Q 6HR	120	0	N	<a href="#">Drug Info</a>
Edit	<u>TYLENOL W/CODEINE #2 TABLET</u>		2 Q 4HR	60	0	N	<a href="#">Drug Info</a>
Edit	<u>TYLENOL W/CODEINE #3 TABLET</u>		1 Q 4HR	30	1	Y	<a href="#">Drug Info</a>
Edit	<u>TYLENOL W/CODEINE #4 TABLET</u>		1 Q 4HR	30	0	Y	<a href="#">Drug Info</a>
Edit	<u>ACETAMINOPHEN/COD #3 TABLET</u>		1 Q 4HR	30	1	Y	<a href="#">Drug Info</a>
Edit	<u>ACETAMINOPHEN W/COD ELIXIR</u>		5 Q 6HR	120	0	N	<a href="#">Drug Info</a>
Edit	<u>TY-PAP W/CODEINE ELIXIR</u>		5 Q 6HR	120	0	N	<a href="#">Drug Info</a>
Edit	<u>MI-CODE ELIXIR</u>		5 Q 6HR	120	0	N	<a href="#">Drug Info</a>
Edit	<u>ACETAMINOPHEN/CODEINE SOLN</u>						<a href="#">Drug Info</a>
Edit	<u>ACETAMINOPHEN/COD ELIXIR</u>		5 Q 6HR	120	0	N	<a href="#">Drug Info</a>

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Fig 24

## Primary Headache Disorders

### Highlights

- Tailor migraine Rx to severity of headache or prior response [More info](#)
- Use abortive therapies no more often than twice weekly to prevent chronic daily headaches [More info](#)
- NSAIDs and Excedrin Migraine are first line for patients with mild-moderate migraine. [More info](#)
- Use migraine-specific agents (triptans, DHE, ergotamine) in patients with more severe headaches or if unresponsive to NSAIDs and OTC analgesics [More info](#)
- Diclofenac K<sup>+</sup>: Equal efficacy but less nausea than sumatriptan 100mg [More info](#)
- NSAID/metoclopramide as effective as oral sumatriptan for moderate-severe migraine [More info](#)

### Contents

#### Clinical features

#### Diagnosis

#### Medication overuse headache/rebound headache

#### Non-drug therapy

#### Dosage form selection for migraine

#### Abortive Therapy Table

#### Abortive Therapy Guidelines

#### Comparative studies of abortive drugs

#### Migraine Prophylaxis

#### Migraine Patient Talking Points

#### Treatment of tension-type headache

#### Treatment of cluster headache

#### Guidelines on the web

#### Triptans

#### Dihydroergotamine (DHE)

#### Patient Information

**Clinical features** (adapted from Mayo Clin Proc 1996;71:1055)

Feature	Migraine*	Tension-type headache	Cluster headache
Prevalence	Common	Common	Rare
Aura	Present in 15%	None	None
Site of pain	Hemicranial, bilateral	Bilateral, occipital, frontal	Unilateral, frontotemporal, periorbital

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Fig 25

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- Diclofenac potassium: Equal efficacy but less nausea than sumatriptan 100mg. (Anon. Cephalgia 1999; 19(4):232-40) Diclofenac potassium 50mg costs less than sumatriptan 100mg (less than \$2 vs \$34).
- ASA 900mg plus metoclopramide 10mg (<\$2) as effective as sumatriptan 100mg (\$32) in the treatment of moderate-severe migraine. (Felt-Hansen P Lancet 1995;346:923-26) (Anon. Eur Neurol 1992;32:177-84)
- **SC sumatriptan associated with more headache recurrence than DHE nasal spray.** Sumatriptan 6mg SC provided better relief of headache and associated symptoms than DHE nasal spray 1mg, however headache recurred more commonly after treatment with sumatriptan (31% vs 17%). Because the dose of DHE used in this study is below the recommended dose of 2mg, it is difficult to compare the efficacy for headache relief. (Touchon J. Neurology 1996;47:361-5) Patients with long duration headaches may benefit from intranasal DHE.
- **Oral sumatriptan more effective than ergotamine/caffeine, but has higher recurrence rate.** In a RCT involving 466 patients, improvement in pain at 2 hours occurred in 66% of patients treated with oral sumatriptan vs. 48% of patients treated with a combination of ergotamine and caffeine (Cafergot®). However, headaches recurred in 41% in the sumatriptan group, compared to 30% of the ergotamine/caffeine group. Side effects were comparable. (Anon. Eur Neurol 1991;31:314-22)

### Migraine Prophylaxis

- General information
- Guidelines
- Drug table

**Acute treatment of migraine attacks: efficacy and safety of a nonsteroidal anti-inflammatory drug, diclofenac-potassium, in comparison to oral sumatriptan and placebo**

Anon. Cephalgia 1999;19(4):232-40

**Study design:** Double-blind, cross-over RCT in 156 adults with migraine +/- aura (2-6 migraines/month)

**Intervention:** diclofenac-K 50mg vs diclofenac-K 100mg vs sumatriptan 100mg vs placebo (all patients received all four treatments over a period of 3 months)

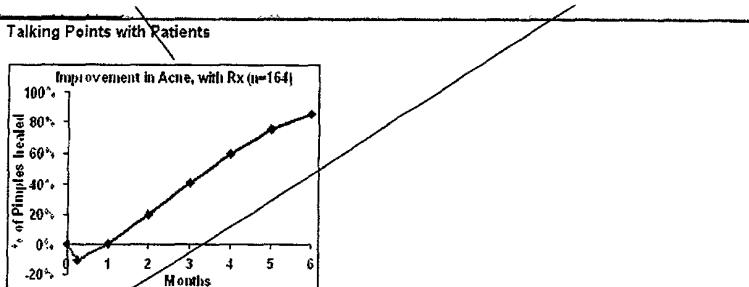
**Results:** Headache pain 2 hr after dosing (based on VAS): both doses diclofenac and sumatriptan superior to placebo, diclofenac 50mg=100mg, both doses diclofenac=sumatriptan. Active treatments equally effective to each other and superior to placebo over 8 hour observation period. Significant pain relief occurred at 60 min with diclofenac vs. 90 min with sumatriptan. There was no difference between active treatment groups in the use of rescue medication (36% vs 41%). There was no difference between groups in rate of headache recurrence (22-24% for diclofenac, 26% for sumatriptan, and 19% for placebo), however the increased use of rescue medication in the placebo group could have confounded these results. At 2 hr after dosing, there was less nausea in diclofenac groups compared to sumatriptan and placebo groups (22-27% vs 41-43%). At 8 hr after dosing, there was less nausea in the diclofenac and sumatriptan groups compared to placebo (diclofenac 15-19%, sumatriptan 28%, placebo 39%). At 2hr after dosing, there was less vomiting in the diclofenac and placebo groups compared to the sumatriptan group (2hr: 3-7% vs 13%). At 8hr after dosing, vomiting was decreased in the diclofenac groups compared to sumatriptan (2-4% vs 10%). More adverse events occurred in the sumatriptan group compared to the other groups (31% vs 12-18%), however there was no difference in the rate of discontinuation due to adverse events. Dizziness, paresthesia, asthenia, and tachycardia appeared to occur more commonly in the sumatriptan group.

**Comments:** Severity of migraines and some pertinent baseline characteristics (i.e. number of headaches treated, use of prophylactic medications) not described. Did not report % of patients with relief of headache pain.

**Conclusion:** This study demonstrated equivalence of diclofenac-K and high-dose sumatriptan for headache relief, with a slightly faster onset for diclofenac. Nausea and vomiting were reduced in the diclofenac groups compared to the sumatriptan group.

[Return to Topic](#)

Fig 27



The patient educational handouts emphasize the following points ..

- 1 It is important to guide expectations at the outset, to allow 6 months for medications to work. This figure is of 164 pts treated with tretinoin or tretinoin and oral minocycline. In time, most patients achieve successful outcomes. But those patients who cannot accept the need to wait 3 to 5 months for results will usually be disappointed. Adapted from Cunliffe, WJ J Eur Acad Derm 1992;1:43-52 and Katsambas et al Acta Derm Vener 1989 S143 35-9
- 2 Stress compliance with Rx in light of anticipated initial worsening
- 3 Discourage excessive washing/scrubbing of face Medicated soaps are a waste of money

Printable flow sheet for chart:

Print

- [Acne Lesion Flow Sheet](#) (1 page) provides a quantitative objective scoring system for assessing acne
- [Acne Disability Questionnaire](#) (1 page) attempts to authentically represent the importance of a patient's acne to him or her
- [Acne Patient Handout](#) (4 pages) describing the disease and general treatment options.
- [Acne Patient Handout](#) (7 pages) includes Rx's.

Other Internet Links of value:

- [http://www.skinsite.com/info\\_acutane.htm](http://www.skinsite.com/info_acutane.htm) : A link to patient information about isotretinoin (Accutane)
- <http://www.rocheusa.com/products/acutane/pi.html> : A link to the Roche website about Accutane It contains the patient consent form for starting isotretinoin, along with information for the patients about side effects.
- <http://www.fda.gov/cder/drug/infopage/accutane/default.htm> A link to the FDA's Accutane Information Website

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Fog 28

**PATIENT CONSENT FORM:**

To be completed by the patient, her parent/guardian\* and signed by her prescriber.

Please read each item below and initial in the space provided to indicate that you understand each item and agree to follow your prescriber's instructions **DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND.** A parent or guardian of a minor patient must also read and understand each item before signing the consent.

1. I, \_\_\_\_\_, \_\_\_\_\_ (Patient's Name)

understand that Accutane is a very powerful medicine with the potential for serious Adverse Effects that is used to treat severe nodular acne that did not get better with other treatments including oral antibiotics.

INITIALS: \_\_\_\_\_

2. I understand that I must not take Accutane (isotretinoin) if I am pregnant. I understand that I must not take Accutane if I am able to become pregnant and I am not using the required two separate forms of effective methods of birth control

INITIALS: \_\_\_\_\_

3. I understand from my prescriber that although not every fetus exposed to Accutane has resulted in a deformed child, there is an extremely high risk that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking Accutane in any amount even for short periods of time. Potentially any fetus exposed during pregnancy can be affected.

112

Fog 29

184

186

New Rx for Same Dx Rx Complete Cancel

Rx for DAVID WELLINX by MARCUS WELBY

Drug HYDROCHLOROTHIAZIDE 25MG TAB

Substitution Permitted

Dose 1 TABS (ORAL)

Frequency QD

Dispense 30 EA

Refill 11

Instructions

Fill Method PRN Indic

Fax

pmr

1A office

180

182

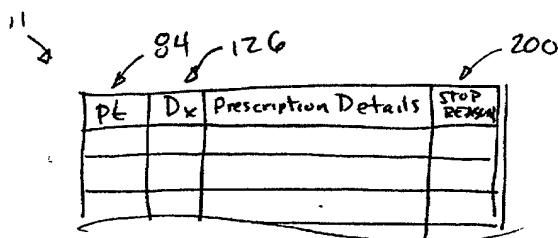
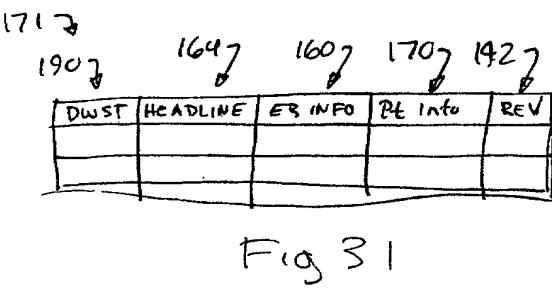
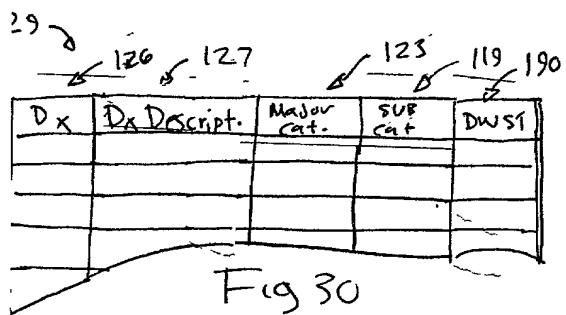


Fig 32